P03000121962

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg
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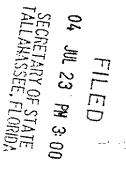
Office Use Only

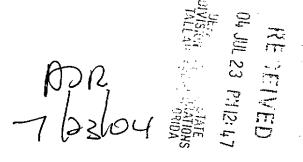


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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 Phone # City/State/Zip OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time □ Walk in Certified Copy Photocopy Mail out Will wait Certificate of Status **NEW FILINGS** AMENDMENTS = Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

Other

CR2E031(9/92)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Dora Patino
(Name of Registered Agent)
hereby resigns as Registered Agent for D'pot Furniture Mfg. Inc. (Name of Corporation)
(Name of Corporation)
P03000121962
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signiffure of Resigning Agent) If signing on behalf of an entity:
Dora Patino (Typed or Printed Name)
- O I I O I I Assort

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)